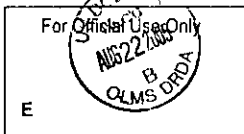


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>10926</u>	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Terry Joyce P.O. Box, Bldg., Room No., if any Street 3250 Euclid Avenue City Cleveland State Ohio ZIP Code + 4 44115	4. Name, file number, and address of labor organization. Name Building & Construction Laborers Local 310 Labor Organization File Number 042-007 P.O. Box, Building and Room Number, if any Street 3250 Euclid Avenue City Cleveland State Ohio ZIP Code + 4 44115
5. Position in labor organization. Field Representative (1/04-6/04)	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete. (See the section on penalties in the instructions.)		
Signed <u>Tanner P. Joyce</u>	On <u>8/15/05</u> Date	216-881-5901 Telephone Number

Name of Person Filing Terry Joyce	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Medical Mutual of Ohio</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 239</p> <p>Street</p> <p>City Litchfield</p> <p>State Ohio ZIP Code + 4 44253</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Local 310 Fringe Benefit Funds, Inc.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 3250 Euclid Avenue</p> <p>City Cleveland</p> <p>State Ohio ZIP Code + 4 44114</p>	<p>11.a. Nature of such dealing.</p> <p>Health and Welfare Funds Claims Processing and Payment.</p>
	<p>11.b. Approximate dollar value of such dealing. \$400,000</p>
	<p>12.a. Nature of interest held or income received.</p> <p>I received tickets to three Cavalier games in January, July and April. I do not remember the price of tickets. I also received tickets to two Indians games in July and September 2004, price not remembered.</p>
	<p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Local 310 Fringe Benefit Funds, Inc.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 3250 Euclid Avenue</p> <p>City Cleveland</p> <p>State Ohio ZIP Code + 4 44114</p>	<p>14.a. Nature of payment.</p> <p>The Funds paid for my travel to two training instructions in New Orleans (IFEPP) and one in Puerto Rico (Segal Advisors)</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant ?</p>	<p>14.b. Amount of payment. \$4,231</p>

Terry Joyce

B.

12/04 Faulkner, Muskovitz & Phillips Co. L.P.A.
 820 West Superior Avenue
 Cleveland, Ohio 44113

Holiday Gift Basket-Value Unknown.

Business Deals with (b) Trust

3/29/04 Boyd Watterson
 1801 East Ninth St.
 Cleveland, Ohio 44114

Meal at AFL-CIO Conference,
Smith & W. Restaurant
Washington, D.C.

I did not see the bill and I do not know the
Price of the meal.